Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT ! P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. BOX 2088		WELL API NO. 30-025-28236
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-9385
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			
(FORM C-101) FOR SUCH PROPOSALS.)			NEW MEXICO AN STATE
1. Type of Well:  OIL WELL  GAS WELL  OTHER			
2. Name of Operator			8. Weil No.
APACHE CORPORATION			11 9. Pool name or Wildcat
3. Address of Operator			SAUNDERS; PERMO UPPER PENN
2000 POST OAK BLVD., SUITE 100, HOUSTON, TX 77056-4400			SAUNDERS, PERINO OFFER PENIN
Unit Letter D Section 22	: 660' Feet From The NORTI	H Line and NMPN	1 P A
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4205' GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
Perform Remedial Work		Remedial Work	
Temporarily Abandon	Change Plans	Commence Drilling Oper	rations Plug and Abandonment
			<del></del>
Pull or Alter Casing		Casing Test and Cement Job	
Other	Other-INTEGRITY TEST / 7A		
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)</li> <li>SEE RULE 1103.</li> </ol>			
3/13/97 Requested csg. pressure test. See attached. CIBP @ 9700'. PT csg. 500/30 min. held.			
		This Approval of Amendonment Expir	temporary 6/30/2002
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  SIGNATURE  SIGNATURE  DATE 6/16/97			

TELEPHONE NO. 713/296-7152

DATE

SIGNATURE

APPROVED BY

TYPE OR PRINT NAME

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use) OHIGINA!

DEBORAH K. HOYT

OY CHRIS WILLIAMS

DISTRICT I SUPERVISOR TITLE

